

*CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR. DIST. DIV. CODE		2. PERSON REPRESENTED JAMES WILLIAMS		VOUCHER NUMBER		
3. MAG. DKT. DEF. NUMBER		4. DIST. DKT. DEF. NUMBER Cr06-254		5. APPEALS DKT. DEF. NUMBER		
7. IN CASE MATTER OF (Case Name) USA V. JAMES WILLIAMS		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		
10. REPRESENTATION TYPE (See Instructions) CK						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21 U.S.C. 841(a)(1) & (b)(1)(B) - Distribution and possession with intent to distribute crack cocaine						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Troy A. Archie, Esq. Troy A. Archie Esq., P.C. Old Firehouse #6 339 Front Street, Suite B Camden, NJ 08102 Telephone Number: 856-964-5300			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court 5/3/08 6/2/08 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)						
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY	
					MATH TECH. ADJUSTED HOURS	
					MATH TECH. ADJUSTED AMOUNT	
					ADDITIONAL REVIEW	
In	a. Arrangement and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
Out of	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):						
19. CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE: TO: _____				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		
21. CASE DISPOSITION						
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment						
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. IN COURT COMP		24. OUT OF COURT COMP		25. TRAVEL EXPENSES		
26. OTHER EXPENSES		27. TOTAL AMT. APPR. CERT.				
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE		
28a. JUDGE/MAG. JUDGE CODE						
29. IN COURT COMP		30. OUT OF COURT COMP		31. TRAVEL EXPENSES		
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED				
34. SIGNATURE OF CHIEF JUDGE COURT OF APPEALS OR DELEGATE Payment approved in excess of the statutory threshold amount				DATE		
34a. JUDGE CODE						